

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. | FILING DATE |
|--|----------|------|------------------------|------|------------------------|------|--------------|-------------|
| | | | | | | | APPLICANT(S) | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | |
| 1 | | | | | | | 51 | |
| 2 | | | | | | | 52 | |
| 3 | | | | | | | 53 | |
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| 49 | | | | | | | 99 | |
| 50 | | | | | | | 100 | |
| TOTAL IND. | 6 | | | | | | TOTAL IND. | |
| TOTAL DEP. | 10 | | | | | | TOTAL DEP. | |
| TOTAL CLAIMS | 16 | | | | | | TOTAL CLAIMS | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy